

AGENCY NAME
RISK ASSESSMENT FOR CHOKING FOR PERSONS WHO EAT BY MOUTH

Name: _____ Date: _____

Person/Title Completing Assessment: _____

Recent History of Aspiration or Lower Lobe Pneumonia (Past Yr.) or other relevant history

Instructions: Place a check mark in all areas that apply

- 1) Age (40+)
- 2) Dysphagia Diagnosis (DMSS) _____
None Mild Moderate Severe Profound
- 3) History of choking (in past 3 years)
 A: Hospitalization for pulmonary consequences
 B: Acute Care for respiratory consequences
 C: Procedure to clear-suction, Heimlich, finger sweep
 D: Cleared without assistance (prolonged coughing)
 E: Coughing during meals, snacks or on saliva
- 4) Prescribed Medications
 Cogentin Risperdol Keppra
 Zyprexa Lipitor Haldol
 Lorazepam Benzodiazipine Hydrocdon
 Baclofen
- 5) Descriptive mealtime actions
 Labile (laughing/talking)
 Food stealing
 Mania
- 6) Descriptive mealtime behaviors
 Distractible
 Lethargic
- 7) Reduced chewing ability
- 8) Rate and Size
 Rapid spooning Stuffing of Solids
 Rapid drinking Chugging Liquids
- 9) Poor Positioning
 Leans right or left Chin not parallel to thighs
 Slumps forward Slides down in chair
- 10) Other
 Posture
 PICA
 Rapid breathing
 Recurring seizures

Number of Items Checked (1-10): _____

Form should be completed by the client's IDT (Nurse, House Manager, Case Manager, etc..) If assistance is needed you may contact Outreach Services

Adapted by *Outreach Services of IN 8-3-0* from an assessment of Robert Hochman, Director, Department of Speech and Hearing Woodbridge Developmental Center